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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/080,880
Filing Date	02/22/2002
First Named Inventor	Steve Moehn
Art Unit	3853
Examiner Name	Basil KATCHEVES
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

28410

OR

<input type="checkbox"/> Firm or Individual Name	Joseph W. Beronato, III				
Address	Linlak, Beronato & White, LLC				
Address	8560 Rock Spring Dr., Suite 240				
City	Bethesda	State	MD	Zip	20817
Country	USA				
Telephone	301-886-0800	Fax	301-886-0807		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Steve Moehn		
Signature			
Date	7-13-04	Telephone	812-596-3300

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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**POWER OF ATTORNEY
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CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/080,680
Filing Date	02/22/2002
First Named Inventor	Steve Hoehn
Title	CONE SHAPED POLYGON ROOF...
Art Unit	3653
Examiner Name	Basil KATOHEVES
Attorney Docket Number	

I hereby appoint:

☒ Practitioners associated with the Customer Number:

28410

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	Joseph W. Beranato, III				
Address	Liniak, Beranato & White, LLC				
Address	6550 Rock Spring Dr., Suite 240				
City	Bethesda	State	MD	Zip	20817
Country	USA				
Telephone	301-896-0600	Fax	301-896-0607		

I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (If assignee, put name, title and company name in the "Name" space below)

Name	Steve Hoehn		
Signature			
Date	7-13-04	Telephone	812 596-3300

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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